

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
ITEM 5, Page 1

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR 440.50

Medical and Remedial Care and Services – Item 5

PHYSICIAN SERVICES WHETHER FURNISHED IN THE OFFICE, THE RECIPIENT'S
HOME, A SKILLED NURSING FACILITY OR ELSEWHERE ARE PROVIDED WITH
LIMITATIONS AS FOLLOWS:

A. Physician Services

Physician's services furnished by a physician, whether provided in the office, the recipient's home, a hospital, a skilled nursing facility, or elsewhere, means services provided within the scope of practice of medicine, optometry or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy; and medical or surgical services furnished by a dentist in accordance with Section 1905(a)(5) of the Act as amended by Section 4103(a) of P.L. 100-203 and within the scope of dentistry as defined by State law.

1. Effective January 1, 2016, there shall be no limits placed on the number of physician visits payable by the Medicaid program for eligible recipients.

State: Louisiana
Date Approved: 12/02/15
Date Received: 11/18/15
Date Effective: 1/1/16
Transmittal Number: LA 15-0036

TN# 15-0036

Approval Date 12-02-15

Effective Date 01-01-16

Supersedes

TN# 12-0061

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR
440.50

Medical and Remedial Care and Services-Item 5 (cont'd)

2. Effective for dates of service on or after January 1, 2007, the reimbursement of up to three medically necessary inpatient evaluation and management services by providers of different specialties per recipient, per day, for recipients age 21 and older will be allowed.
3. Pre- and post-operative **inpatient and outpatient visits related to surgery** are not reimbursed when made during the global surgery period assigned to the surgical procedure code. Visits are considered unrelated when the reason for the visit is not the same as the reason for the surgery.
4. Reimbursement for inpatient physician services rendered in hospitals is subject to hospital pre-certification and length of stay assignment criteria.
5. Effective for dates of service on or after October 1, 2012, eye care services rendered by a participating optometrist, within their scope of optometric practice, shall be classified and reimbursed under the Medicaid State Plan as a mandatory physician service to the same extent, and according to the same standards as physicians who perform the same eye care services. Recipients in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program are excluded from optometry service limits.
6. Effective for dates of service on or after August 20, 2014, induced deliveries and cesarean sections by physicians shall not be reimbursed when performed prior to 39 weeks gestation. This shall not apply to deliveries when there is a documented medical condition that would justify delivery prior to 39 weeks gestation.

State: Louisiana
Date Received: August 22, 2014
Date Approved: October 16, 2014
Date Effective: August 20, 2014
Transmittal Number: 14-0030

TN# 14-0030
Supersedes
TN# 12-0061

Approval Date October 16, 2014

Effective Date August 20, 2014

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

B. Diabetes Education Services

1. Effective for dates of service on or after February 21, 2011, the department shall provide coverage of diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with diabetes. The services shall be comprised of one hour of individual instruction and nine hours of group instruction on diabetes self-management.
 - a. Recipients of DSMT services shall receive up to 10 hours of services during the first 12-month period beginning with the initial training date. .
 - b. After the first 12-month period has ended, recipients shall only be eligible for two hours of individual instruction on diabetes self-management per calendar year.
2. Provider Participation Standards
 - a. In order to receive Medicaid reimbursement, professional services providers must have a DSMT program that meets the quality standards of one of the following accreditation organizations:
 - (1) the American Diabetes Association;
 - (2) the American Association of Diabetes Educators; or
 - (3) the Indian Health Service.
 - b. All DSMT programs must adhere to the national standards for diabetes self-management education.
 - (1) Each member of the instructional team must:
 - (a) Be a certified diabetes educator (CDE) certified by the National Certification Board of Diabetes Educators; or
 - (b) Have a recent didactic and experiential preparation in education and diabetes management.
 - (2) At a minimum, the instructional team must consist of one of the following professionals who is a CDE:
 - (a) a registered dietician;
 - (b) a registered nurse, or
 - (c) a pharmacist.
 - (3) The instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.
 - c. Members of the instructional team must either be employed by, or have a contract with a Medicaid enrolled professional services provider that will submit the claims for reimbursement of DSMT services rendered by the team.

A	
STATE	Louisiana
DATE REC'D	12-16-11
DATE APP'VD	3-5-12
DATE EFF	12-1-11
HCEA 179	11-40

C. Fluoride Varnish Application Services

Effective for dates of service on or after December 1, 2011, the Department shall provide Medicaid coverage of fluoride varnish application services to recipients under the age of 6 years.

TN# 11-40

Approval Date 3-5-12

Effective 12-1-11

Supersedes

TN# 11-02

SUPERSEDES: TN- 11-02

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Fluoride varnish application services performed in a physician office setting shall be reimbursed by the Medicaid Program when rendered by the appropriate professional services providers. Services shall be limited to once every 6 months.

Provider Participation Standards

- A. The entity seeking reimbursement for fluoride varnish application services must be an enrolled Medicaid provider in the Professional Services Program. The following Medicaid enrolled providers may receive reimbursement for fluoride varnish applications:
1. physicians;
 2. nurse practitioners; and
 3. physician assistants.
- B. The following providers who have been deemed as competent to perform the service by the certified physician may perform fluoride varnish application services in a physician office setting:
1. the appropriate dental providers;
 2. physicians;
 3. physician assistants;
 4. nurse practitioners;
 5. registered nurses; or
 6. licensed practical nurses.
- C. Professional service providers shall review the recommended American Academy of Family Practice approved training module for fluoride varnish and successfully pass the post assessment.
- D. Reserved

STATE <u>LOUISIANA</u>	A
DATE REC'D <u>12-16-11</u>	
DATE APPV'D <u>3-5-12</u>	
DATE EFF <u>12-1-11</u>	
WFOA 179 <u>11-40</u>	

TN# 11-40 Approval Date 3-5-12 Effective 12-1-11
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 5, Page 2

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial
42 CFR Care and Services
441.200 Item 5 (cont'd)

Hyde
Amendment to
Health and
Human Services
Appropriation
Act of 1993

E. Payment for Physician Services for Abortions

Payment will be made to the attending physician for abortions when the physician has found, and certified in writing to the Medicaid Agency, that on the basis of his professional judgement, the mother suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused or arising from the pregnancy itself, placing the mother in danger of death unless an abortion is performed.

Payment will be made to the attending physician for abortions terminating pregnancies resulting from rape or incest in accordance with provisions of State law La.R.S. 40:1299.34.5 and La.R.S. 40:1299.35.7 as amended and enacted by Act I of the Fourth Extraordinary Session of the 1994 Legislature.

SUPERSEDES: TN- 07-01

STATE	<u>Louisiana</u>
DATE REC'D	<u>3-3-10</u>
DATE APPV'D	<u>6-1-10</u>
DATE EFF	<u>1-22-10</u>
HCFA 179	<u>10-06</u>

TN# 10-06

Approval Date 6-1-10

Effective Date 1-22-10

Supersedes

TN# 07-01

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

F. THIS SECTION IS RESERVED

State: Louisiana
Date Received: 27 March, 2013
Date Approved: 6 September, 2013
Date Effective: 20 February, 2013
Transmittal Number: LA 13-17

TN # 13-17

Approval Date 9/6/13

Effective Date 2/20/13

Supersedes

TN # 78-13

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

G. Payment For Physician Services For Diagnostic and
Laboratory Services

Payment for diagnostic and laboratory services, rendered in a physician's office, is limited to those services which the physician has on file with the Medical Assistance Program (Provider Enrollment) in a list of his/her diagnostic and/or laboratory equipment, the capacities of such equipment and permits verification of this data in accordance with the provider agreement.

State: Louisiana
Date Received: 27 March, 2013
Date Approved: 6 September, 2013
Date Effective: 20 February, 2013
Transmittal Number: LA 13-17

TN # 13-17 Approval Date 9/6/13 Effective Date 2/20/13

Supersedes

TN # 82-1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

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STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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Citation
42 CFR
440.50

Medical and Remedial
Care and Services
Item 5 (Cont.)

H. Ambulatory (outpatient)
Surgery on an Inpatient
Basis

Certain surgical procedures, as specified in Chapter 19, which are performable on an outpatient or ambulatory basis, require authorization from the Bureau of Health Services Finances when performance of the procedure occurs on an inpatient basis, for payment to be made.

Documentation of the medical circumstances which substantiate the performance of the procedure(s) on an inpatient basis must be submitted with the request to the BHSF for authorization.

- I. Services related to organ transplants to be performed at a designated transplant center must be authorized by the BHSF. Requests for organ transplants for Title XIX recipients will be reviewed on a case by case basis applying the criteria set forth in Chapter 19 equally to all similarly situated individuals.

